

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 406788002US
Application Number 10/653,559-Conf. #3217	Filed September 2, 2003	
For METHOD AND APPARATUS FOR VISUAL DISPLAY CALIBRATION SYSTEM		
Art Unit 2629	Examiner R. Amadiz	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	Fee \$120	Small Entity Fee \$60 \$ 60.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230 \$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525 \$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820 \$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115 \$
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input checked="" type="checkbox"/> Payment by EFT Account No. SEA1PIRM.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any deficiency or credit any overpayment, to Deposit Account Number <u>50-0665</u>		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/> applicant/inventor.		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>54,675</u>		
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____		
_____ Signature		_____ November 21, 2007 Date
_____ Aaron J. Poledna Typed or printed name		_____ (206) 359-8000 Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below		
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.		